2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCLIMENT # P97000056269



FILED Apr 30, 2004 8:00 am Secretary of State

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SURE ADD # 2010 2. Principal Place of Business 2. Making Accress Sure, Apt. #, etc. Sure, Apt. #, etc. City & State City &	Principal Plac	e of Busines	s	Mailing Address	Mailing Address						
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City & State 6. Name and Address of Current Registered Agent 6. Name and Address of Current Registered Agent SHERMAN, THELMA 168 SE 1 ST #803 MIAMI FL 33131 Streat Address (Po. Box Number is Not Acceptable) City City City City City City City City	2. Principal P	lace of Busin	ness	3. Mailing Address	3. Mailing Address						
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S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ShERMAN, THELMA 188 SET ST #8003 MIAMI FL 33131 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. am familiar with, and accept the citigations of registered agent. The purpose of changing its registered agent, or both, in the State of Florida. am familiar with, and accept the citigations of registered agent. The purpose of changing its registered agent, or both, in the State of Florida. am familiar with, and accept the citigations of registered agent. The purpose of changing its registered agent, or both, in the State of Florida. am familiar with, and accept the citigations of registered agent, or both, in the State of Florida. am familiar with, and accept the citigations of registered agent, or both, in the State of Florida. am familiar with, and accept the citigations of registered agent. The purpose of changing in registered agent, or both, in the State of Florida. am familiar with, and accept the citigations of registered agent, or both, in the State of Florida. am familiar with, and accept the citigations of registered agent, or both, in the State of Florida. am familiar with, and accept the citigations of registered agent, or both, in the State of Florida. am familiar with, and accept the citigations of registered agent, or both, in the State of Florida. am familiar with, and accept the citigations of registered agent, or both, in the State of Florida. am familiar with, and accept the citigations of registered agent, or both, in the State of Florida. am familiar with, and accept the citigations of registered agent, or both, in the State of Florida. am familiar with, and accept the citigations of registered agent, or both, in the State of Florida. am familiar with, and accept the citigations of registered agent, or both, in the State of Florida. am familiar with, and accept the citigations of				, in the second	, in the second		4. FEI Numb	^{er} 65-0763200			
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truster empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address—with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR